

# **CROYDON SHIRE COUNCIL**

# WATERING RESTRICTION EXEMPTION REQUEST

APPLICANT DETAILS	
Name:	
Business Trading Name (if applicable):	
Registered Company & Company Trading	Name (if applicable):
Address:	
Home Phone No.:	Business Phone No.:
Mobile No.:	Facsimile No.:
Email Address:	ABN:
PROPERTY DETAILS	
Property Address:	
EXEMPTION INFORMATION	
application being made by a customer. The	s may consider granting an exemption to water restrictions upon an he overriding objective is to maximise water conservation during times eavouring to ensure that no customer segment or individual is tions.
a register where the public may seek clari	ade on this form in writing. All approved exemptions may be logged on fications over the status of an exemption. The only information which which the exemption is granted, details of the terms of exemption and ble.
Approval of exemption terms is conditiona	al to the applicant agreeing to:

- , or in

<ul> <li>Approval of exemption terms is conditional to the applicant agreeing to:</li> <li>The exemption will be granted to a specific site address, or a particular person or organisation, or in circumstances, both a particular person or organisation and a particular site;</li> <li>Where applicable, signage will be provided by the water business to be prominently displayed;</li> <li>Cooperating with any random audit of the site;</li> <li>Compliance for granted exemptions, to ensure alternative arrangements are being adhered to;</li> <li>Reapply should the restriction level change.</li> </ul>							
The following additional information is required in order to determine whether an exemption may be granted:							
Period of exem	nption sought: Temporarily		For the term of the current level of restrictions				
Reason for seeking an exemption:  Commercial, Government (including Local Government, School etc.) where staff to carry out the watering are only generally available during standard working hours;  Houses where the principal resident requires home care and has no other resident at the premises capable of watering within the prescribed hours.							

Please provide details and attach any specific documents to support your request.

### **CONDITIONS FOR GRANTING AN EXEMPTION**

If this exemption is granted, I agree to:

- Authorise Croydon Shire Council to publicly disclose any relevant details of the exemption;
- Adhere to all specific requirements contained within the exemption;
- Provide appropriate access (as required) to enable Croydon Shire Council to assess the initial application and monitor the ongoing adherence to any exemption conditions;
- Any other specific conditions determined by Croydon Shire Council.

Signature of Applicant:	Name (print):			
Business/Company Name (if applicable):		Date	_/	/

### **ALL CORRESPONDENCE TO**

The Chief Executive Officer, Croydon Shire Council, PO Box 17, Croydon QLD 4871 Phone (07) 4748 7100 Fax (07) 4745 6147 Email admin@croydon.qld.gov.au

OFFICE USE ONLY						
On receipt, this form shall be forwarded to the Deputy Chief Executive Officer for assessing.						
Please ensure the following actions are complete:						
Application Assessment						
Application Approved ☐ Yes ☐ No Special Conditions Apply ☐ Yes ☐ No						
Special Conditions						
Signature Date/						
Augliestica Devictoria						
Application Registration						
☐ Ensure the application is entered into the restrictions exemptions data base & registration number is noted.						
Registration Number:	Officer Initials	Date//				
☐ Advise the applicant by means of a standard letter if application is successful or advise by standard letter of non-approval.						
Document Number:	Officer Initials	Date//				